

**CORRECTION**



**Eckel RH, Jakicic JM, Ard JD, et al. 2013 AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol 2013 Nov 12 [E-pub ahead of print]; doi: 10.1016/j.jacc.2013.11.003.**

1. On the cover page, the footnote should read, "This document was approved by the American College of Cardiology Board of Trustees and the American Heart Association Science Advisory and Coordinating Committee in November 2013. The Academy of Nutrition and Dietetics affirms the value of this guideline." The footnote currently reads: "This document was approved by the American College of Cardiology Board of Trustees and the American Heart Association Science Advisory and Coordinating Committee in November 2013."
2. On the cover page, Robert A. Guyton, MD, FACC should be deleted from the ACC/AHA Task Force Members. Robert A. Guyton is currently listed with the ACC/AHA Task Force Members.
3. General Note: The references were renumbered. *See the published document for the correct reference numbers.*
4. Section 1.2.1, Scope of the Evidence Review, added references for the 2013 Blood Cholesterol and Obesity guidelines, References 4 and 5 respectively.
5. Section 2, Table 5, Recommendation #3 for BP – "Advise adults who would benefit from BP lowering to:" should read:
  3. a. Consume no more than 2,400 mg of sodium/d;
  - b. Further reduction of sodium intake to 1,500 mg/d can result in even greater reduction in BP; and
  - c. Even without achieving these goals, reducing sodium intake by at least 1,000 mg/d lowers BP.Recommendation #3 for BP – "Advise adults who would benefit from BP lowering to:" currently reads:
  3. a. Consume no more than 2,4000 mg of sodium/day;
  - b. Further reduction of sodium intake to 1,500 mg/day is desirable since it is associated with even greater reduction in BP; and
  - c. Reduce intake by at least 1,000 mg/day since that will lower BP, even if the desired daily sodium intake is not yet achieved.
6. Section 4.3, the first sentence should read, "In all, 34 studies (46 citations) satisfied the CQ2 inclusion criteria and were rated as good or fair quality (31,32,46,47,53–94)." The sentence currently reads, "In all, 34 studies (47 citations) satisfied the CQ2 inclusion criteria and were rated good or fair quality (30,31,45,46,52–93)."
7. Section 4.5, Recommendation #3 should read:
  3. Advise adults who would benefit from BP lowering to:
    - a. Consume no more than 2,400 mg of sodium/d;
    - b. Further reduction of sodium intake to 1,500 mg/d can result in even greater reduction in BP; and
    - c. Even without achieving these goals, reducing sodium intake by at least 1,000 mg/d lowers BP.**NHLBI Grade: B (moderate); ACC/AHA COR: IIa, LOE: B**Recommendation #3 currently reads:
  3. Advise adults who would benefit from BP lowering to:
    - a. Consume no more than 2,400 mg/day of sodium;
    - b. Further reduction of sodium intake to 1,500 mg/day is desirable since it is associated with an even greater reduction in BP; and
    - c. Reduce sodium intake by at least 1,000 mg/day since that will lower BP, even if the desired daily sodium intake is not yet achieved.**NHLBI Grade: B (moderate); ACC/AHA COR: IIa, LOE: B**
8. Section 5.1, first paragraph, added reference to the last sentence of the first paragraph: "In a recent analysis, it was estimated that by eliminating physical inactivity, 6% of coronary heart disease worldwide may be eliminated, and life expectancy of the world population may be increased by 0.68 years (104,105)."
9. Section 6.1, added introductory text to the beginning of the bulleted list: "The extensive work of the Work Group served an additional purpose, and that was to identify important gaps in the knowledge of how lifestyle impacts CVD risk reduction. Additional research is needed on the following topics related to diet:" The current document does not have any introductory text.
10. Section 6.2, added introductory text to the beginning of the bulleted list, "Additional research is needed on the following topics related to physical activity:" Currently there is no introductory text.

11. After the references, the Key Words were added: ACC/AHA Practice Guidelines ■cardiovascular disease ■blood cholesterol ■blood pressure ■nutrition ■dietary patterns ■dietary fats ■dietary sodium ■physical activity. The key words are currently missing.
12. Appendix 1. Author Relationships With Industry and Other Entities, added the relevant RWI for Janet de Jesus for 2013:
- | 2013: | 2013: | 2013: | 2013: | 2013: |
|-------|-------|-------|-------|-------|
| None  | None  | None  | None  | None  |
13. Appendix 2. Expert Reviewers Relationships With Industry and Other Entities, add the following table note: “This table represents the relationships of reviewers with industry and other entities that were self-disclosed at the time of peer review. It does not necessarily reflect relationships with industry at the time of publication. To review the NHLBI and ACC/AHA’s current comprehensive policies for managing relationships with industry and other entities, please refer to [http://www.nhlbi.nih.gov/guidelines/cvd\\_adult/coi-rwi\\_policy.htm](http://www.nhlbi.nih.gov/guidelines/cvd_adult/coi-rwi_policy.htm) and <http://www.cardiosource.org/Science-And-Quality/Practice-Guidelines-and-Quality-Standards/Relationships-With-Industry-Policy.aspx>.” Currently not in the document. *See published document for correct table.*

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